

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Fort Bragg Transfer Station

Permit: 2606T-TRANSFER-1998

Facility Website (URL): _____

| Physical Address | Mailing Address |
|---|--|
| Street 1: <u>BLDG #O-3454</u> | Street 1: <u>BLDG #3-137 Butner Road, Director of Public Works</u> |
| Street 2: _____ | Street 2: _____ |
| City: <u>Fort Bragg</u> County: <u>Cumberland</u> | City: <u>Fort Bragg</u> |
| State: <u>North Carolina</u> Zip: <u>28310</u> | State: <u>North Carolina</u> Zip: <u>28310</u> |

| Primary Facility Contact Person | Billing Contact Person |
|---|---|
| Name: <u>Sid Williamson</u> | Name: <u>Sid Williamson</u> |
| Phone: <u>(910) 977-2502</u> Fax: <u>(910) 396-4188</u> | Phone: <u>(910) 977-2502</u> Fax: <u>(901) 396-4188</u> |
| Email: <u>sidney.d.williamson.civ@mail.mil</u> | Email: <u>sidney.d.williamson.civ@mail.mil</u> |

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax? ☐ Yes ☒ No

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: Dan Messier Certification type and expiration date: Transfer Station Manager, 8/31/2013

Name: Bob Anderson Certification type and expiration date: Transfer Station Operation Specialist, 4/27/2016

Name: Dan Goragn Certification type and expiration date: Transfer Station Operation Specialist, 4/19/2014

4. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☒ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

☐ Paper _____ tons ☒ Fluorescent lightbulbs _____ tons ☒ Used oil/oil filters _____ tons ☐ Steel Cans _____ tons

☒ Cardboard _____ tons ☒ PETE (#1) Plastic _____ tons ☒ Aluminum Cans _____ tons ☒ Other Metal _____ tons

☐ Wood _____ tons ☒ HDPE (#2) Plastic _____ tons ☒ Computer Equipment _____ tons ☒ Televisions _____ tons

☐ Glass _____ tons ☐ Concrete/rubble/asphalt _____ tons ☐ Gypsum/drywall _____ tons ☒ Other Plastic _____ tons

☐ Shingles _____ tons ☐ Other (specify) _____

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

[illegible]

6. Indicate the facility(s) that received your facility's non-recycled waste material:

| | |
|-------------|-----------|
| Grand Total | 24,503.53 |
|-------------|-----------|

| NAME, PERMIT #, and LOCATION (city, state) of FACILITY | Facility Type | Tons |
|---|---------------|-----------|
| WI-SAMPSON COUNTY DISPOSAL, INC. Permit #8202, Roseboro, NC | MSW Landfill | 24,503.53 |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | 24,503.53 |

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Drew Hammonds
225 Green Street, Suite 714
Fayetteville, NC 28301
phone: 910.433.3350 email: Andrew.Hammonds@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: July 29, 2013

Name: Sid Williamson

Title: Solid Waste Manager

Phone Number: (910) 977-2502

Email: sidney.d.williamson.civ@mail.mil